

ENVIRONMENTAL SERVICES DEPARTMENT (ESD)
SAN JOSE/SANTA CLARA WATER POLLUTION CONTROL PLANT
FOOD SERVICE FACILITY WASTEWATER DISCHARGE QUESTIONNAIRE

*** FOOD SERVICE FACILITY PLAN CHECKS ARE DONE BY APPOINTMENT ONLY**
CALL (408) 945-3000 FOR AN APPOINTMENT
SEE BACK OF ATTACHMENT FOR PLAN CHECK LOCATION

All restaurants or other food service facilities which discharge to the San Jose/Santa Clara Water Pollution Control Plant are required to complete a wastewater discharge questionnaire and submit it to the ESD Watershed Protection Group. Use current operating data, if available, or your best estimate based on similar types of businesses.

Answer all questions: **Please Print**

1. Facility Name: _____
2. Address: _____
3. Facility Manager/Owner: _____
Facility Phone #: _____
4. Emergency Contact: _____ Phone #: _____
5. Building Owner: _____
6. a. Type of facility (i.e. fast food, dinner house, etc.): _____
b. Type of food served: _____
c. Is food prepared from scratch: _____
d. Food will be served on _____ disposable _____ washable dishes
7. a. Average number of employees: _____ b. Days/hours of operation: _____
c. Seating Capacity _____
d. Busiest hours of day: _____
e. Maximum number of meals served per hour: _____
f. Peak process discharge rate to sanitary sewer: _____ Gal/hr.
8. Wastewater generating activities/points of discharge:

(Check all that apply)

- | | |
|----------------------------|-------------------------------|
| () Cup/Glass Washer | () Pot Sink(s) # _____ |
| () Dishwasher | # of Compartments _____ |
| () Floor Drain(s) # _____ | () Sanitary (restrooms) |
| () Floor Sink(s) # _____ | () Self-cleaning Hoods |
| () Garbage Can Cleaning | () Soup Vat |
| () Garbage Grinder | () Trash Compactor |
| () Grill Hood Cleaning | () Vegetable Sink(s) # _____ |
| () Wok Range(s) # _____ | () Mop Sink |
| () Other _____ | |

9. a. Dishwasher make/model #: _____ Flow rate: _____
b. Temperature range of dishwasher water: 140°F
10. a. Do you have a grease trap/interceptor installed: _____
b. Size and type of unit: _____
c. Location: _____
*(Provide a diagram showing grease trap/interceptor location)
d. Distance from dishwasher (if applicable): _____
e. Frequency of maintenance: _____
f. Grease hauler's name: _____ Phone #: _____
11. a. Do you use a renderer or tallow hauler: _____
b. If yes, can you provide receipts: _____
c. If no, how do you dispose of your grease waste: _____

12. a. Is construction: ___ new ___ remodel ___ expansion
b. If existing, when was facility established: _____
13. What agency referred you to us: _____
14. The information submitted in this questionnaire is accurate to the best of my knowledge and is based on (check one):
() Current operating data () Best estimate based on _____

() Other: _____
15. Completed by: _____
Title: _____ Date: _____
Print Name: _____ Phone #: _____
Signature: _____

Additional Comments:

GREASE REMOVAL DEVICE CERTIFICATION FORM

I acknowledge the _____ grease trap/interceptor being required for _____ was sized based upon the plans and information I submitted to the ESD Watershed Protection group. I certify that the questionnaire submitted for the food service facility is accurate. I have read and understand the regulation requiring the grease trap/interceptor be maintained in efficient operating condition by periodic removal of accumulated grease. I have read and understand the regulation prohibiting the use of chemicals to clean out the grease trap/grease interceptor.

I agree to do the following to maintain the grease removal device.

- 1) Establish routine cleaning of a grease trap or interceptor.
 - a. Grease traps must be cleaned monthly, or more frequently if needed to meet the discharge limit of 150 ppm of grease, oils and/or fats.
 - b. Grease interceptors must be pumped out every three months, or more frequently if needed to meet the discharge limit of 150 ppm of grease, oils and/or fats.
- 2) Size and location of grease removal device must be kept on site, along with cleaning schedule and cleaning instructions.
- 3) A log of grease trap cleaning, and/or copies of grease interceptor pumping cleaning and maintenance, must be maintained on site for at least three (3) years and made available for inspection and/or copies furnished upon request.

I acknowledge additional equipment and maintenance steps may be required, 1) if the information and plans, as submitted are changed, 2) the use of the site is changed, 3) and/or the grease trap/grease interceptor is not maintained as agreed to. I acknowledge that I will comply with the requirements of installing additional equipment and/or performing additional maintenance steps if the Watershed Protection Group determines these measures are required. I will inform the Watershed Protection Group of any change in management or ownership.

Signature: _____

Title: _____

Print Name: _____

Date: _____